

County: Kewaunee  
KEWAUNEE CARE CENTER  
1308 LINCOLN STREET

Facility ID: 4820

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KEWAUNEE 54216 Phone: (920) 388-4111  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 80  
Total Licensed Bed Capacity (12/31/01): 85  
Number of Residents on 12/31/01: 60

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 64

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.7
Supp. Home Care-Personal Care	No					1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		25.0
Day Services	No	Mental Illness (Org. /Psy)	25.0	65 - 74	15.0			-----
Respite Care	No	Mental Illness (Other)	11.7	75 - 84	40.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	3.3	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	18.3		-----	RNs		8.0
Referral Service	Yes	Diabetes	6.7	Sex	%	LPNs		10.6
Other Services	Yes	Respiratory	8.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	11.7	Male	43.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	56.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.1	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	0	0.0	0	39	83.0	104	0	0.0	0	11	84.6	128	0	0.0	0	0	0.0	0	50	83.3
Intermediate	---	---	---	7	14.9	87	0	0.0	0	2	15.4	128	0	0.0	0	0	0.0	0	9	15.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		47	100.0		0	0.0		13	100.0		0	0.0		0	0.0		60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.4	Bathing	3.3	60.0	36.7	60
Other Nursing Homes	5.6	Dressing	8.3	55.0	36.7	60
Acute Care Hospitals	77.5	Transferring	23.3	40.0	36.7	60
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	8.3	55.0	36.7	60
Rehabilitation Hospitals	0.0	Eating	60.0	16.7	23.3	60
Other Locations	9.9	*****				
Total Number of Admissions	71	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.7		Receiving Respiratory Care	11.7
Private Home/No Home Health	13.0	Occ/Freq. Incontinent of Bladder	53.3		Receiving Tracheostomy Care	3.3
Private Home/With Home Health	10.1	Occ/Freq. Incontinent of Bowel	53.3		Receiving Suctioning	3.3
Other Nursing Homes	10.1				Receiving Ostomy Care	1.7
Acute Care Hospitals	4.3	Mobility			Receiving Tube Feeding	3.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.3		Receiving Mechanically Altered Diets	45.0
Rehabilitation Hospitals	0.0					
Other Locations	11.6	Skin Care			Other Resident Characteristics	
Deaths	50.7	With Pressure Sores	5.0		Have Advance Directives	98.3
Total Number of Discharges (Including Deaths)	69	With Rashes	5.0		Medications	
					Receiving Psychoactive Drugs	30.0

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.4	80.3 0.93	85.1 0.87	84.4 0.88	84.6 0.88
Current Residents from In-County	93.3	72.7 1.28	72.2 1.29	75.4 1.24	77.0 1.21
Admissions from In-County, Still Residing	33.8	18.3 1.84	20.8 1.62	22.1 1.53	20.8 1.62
Admissions/Average Daily Census	110.9	139.0 0.80	111.7 0.99	118.1 0.94	128.9 0.86
Discharges/Average Daily Census	107.8	139.3 0.77	112.2 0.96	118.3 0.91	130.0 0.83
Discharges To Private Residence/Average Daily Census	25.0	58.4 0.43	42.8 0.58	46.1 0.54	52.8 0.47
Residents Receiving Skilled Care	85.0	91.2 0.93	91.3 0.93	91.6 0.93	85.3 1.00
Residents Aged 65 and Older	98.3	96.0 1.02	93.6 1.05	94.2 1.04	87.5 1.12
Title 19 (Medicaid) Funded Residents	78.3	72.1 1.09	67.0 1.17	69.7 1.12	68.7 1.14
Private Pay Funded Residents	21.7	18.5 1.17	23.5 0.92	21.2 1.02	22.0 0.98
Developmentally Disabled Residents	0.0	1.0 0.00	0.9 0.00	0.8 0.00	7.6 0.00
Mentally Ill Residents	36.7	36.3 1.01	41.0 0.89	39.5 0.93	33.8 1.09
General Medical Service Residents	11.7	16.8 0.70	16.1 0.73	16.2 0.72	19.4 0.60
Impaired ADL (Mean)	57.0	46.6 1.22	48.7 1.17	48.5 1.18	49.3 1.16
Psychological Problems	30.0	47.8 0.63	50.2 0.60	50.0 0.60	51.9 0.58
Nursing Care Required (Mean)	9.8	7.1 1.37	7.3 1.35	7.0 1.39	7.3 1.33